

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK • AMHERST • MA • 01002
Environmental Health Division (413) 259-3078
Main Office (413) 259-3077 Fax (413) 259-2404
www.amherstma.gov

APPLICATION FOR REMOVAL OF OFFAL LICENSE

_____, 201__

ANNUAL FEE - \$225.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto: **REMOVAL OF OFFAL**

(Full name and address of person, firm or corporation making application)

State clearly purpose for which license is requested _____

Give business location by street and number _____

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number _____ Home Phone Number _____

Federal I. D. Number _____ Social Security Number _____

Signature of Applicant _____

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employee(s):
_____ (policy # / insurance company)

2. ☐ I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 (c)(6)

***Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit.**

Please Note The Following Late Fees Will Be Enforced

First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.

Return to: Environmental Health Services
Attn: License Application
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

Make Check Payable to: **Town of Amherst**